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# ORGANIC LEARNING CONNECTIONS

## SUMMER CAMP

### REGISTRATION FORM 2021

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Organic Learning Connections  
Summer Camps 2021  
Private Residence  
Seabrook, Texas  
281-948-0739  
angela@16handsoflove.org  
www.16handsoflove.org

*Summer Camps for 2021 will be held the following weeks from 10:00am to 2:00pm:*

*Please circle the camp(s) you're enrolling for*

June 14<sup>th</sup> – June 17<sup>th</sup>

July 19<sup>th</sup> – 22<sup>nd</sup>

- **CHILD INFORMATION**

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Child's name (first, middle, last)

Birth Date

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Address

City

State

Zip

Is your child potty trained?     yes     no

Female     Male

Please list any special needs, known allergies, injuries, existing illnesses, previous serious illness or hospitalizations within the past 12 months that should be brought to our attention:

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Primary language spoken at home:    English     Other  \_\_\_\_\_

• **FAMILY INFORMATION**

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Father's Name                      Address                      home/cell phone number

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   Employer                      work phone

E-mail address: \_\_\_\_\_

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Mother's Name                      Address                      home/cell phone number

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   Employer                      work phone

E-mail address: \_\_\_\_\_

Child resides primarily with:    mother    father    mother & father   \_\_\_\_\_ other

**Person who will be responsible for transporting child to and from school *if other than parent***

\_\_\_\_\_ Phone number: \_\_\_\_\_

I hereby authorize Organic Learning Connections and Staff/Volunteers to release my child to the following individuals (other than parents).

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Name Phone No.

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Name Phone No.

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Name Phone No.

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Name Phone No.

**In case parent(s) cannot be reached in an emergency please call:**

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Name Relationship Phone No.

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Name Relationship Phone No.

**Person or persons who may NOT pick up your child:**

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Name Relationship

**AUTHORIZATION FOR  
EMERGENCY MEDICAL ATTENTION:**

If I ***cannot*** be reached or make arrangements at the time of emergency illness or accident, I hereby authorize Organic Learning Connections Staff and affiliated volunteers to take my child to:

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Doctor's Name	Address	Phone No.
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**Circle first choice hospital** (circle one):

Clear Lake Regional Hospital  
500 Medical Center Blvd., Webster  
281-332-2511

Houston Methodist Clear Lake Hospital  
18300 Houston Methodist Dr., Nassau Bay  
281-523-2000



*I give my consent for necessary emergency treatment when my child is in the care of the above named physician and/ or hospital.*

*I do hereby agree to hold Organic Learning Connections / 16 Hands of Love / Angela Hoover and affiliated staff / volunteers harmless in the event of an accident or injury to my child on the school premises.*

*No child will be registered until the down payment is paid.*

*There are no refunds.*

*I have read and accepted the terms of enrollment and payment as stated.*

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Signature	Date
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